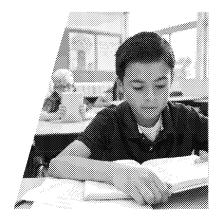
Georgia Apex Program Annual Evaluation Results

July 2021 – June 2022

Presented by the Center of
Excellence for Children's
Behavioral Health on behalf of
the Georgia Department of
Behavioral Health and
Developmental Disabilities



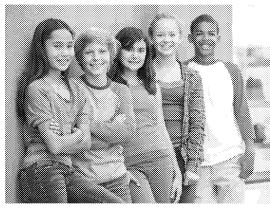


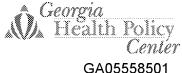












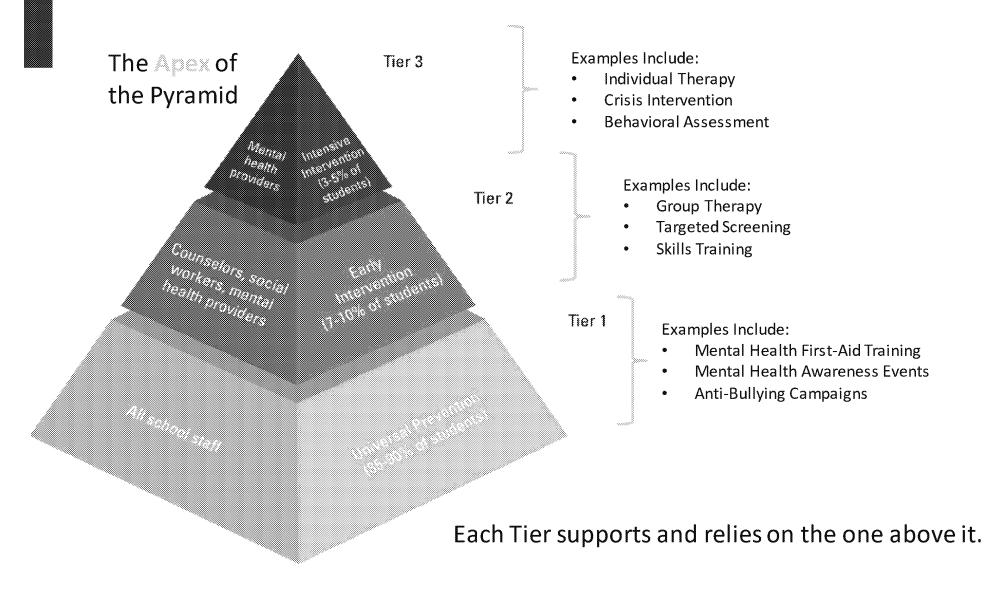
Georgia Apex Program Overview

The Georgia Apex Program

mental health (SBMH) program designed to build infrastructure and increase access to mental health services for school-aged youth by placing mental health providers in school settings to deliver therapeutic support.



Three-Tiered Approach to SBMH



Apex Core Stakeholders

Georgia Department of Behavioral Health and Development Disabilities (DBHDD)

 State agency with oversight of public mental health system for children, youth, and adults; funds Apex programming.

Approximately and the second

• Schools and school districts implementing programming.

Maria da Santa da Sa

 Direct beneficiaries and active participants of the Georgia Apex Program.

April SEMES Browniers

• Community-based mental health agencies throughout the state that provide direct care to children and youth.

Center of Excellence for Children's Behavioral Health (COE)

 Conducts program evaluation and provides technical assistance support to the community-based mental health providers.

Georgia Department of Education
(GaDOE)

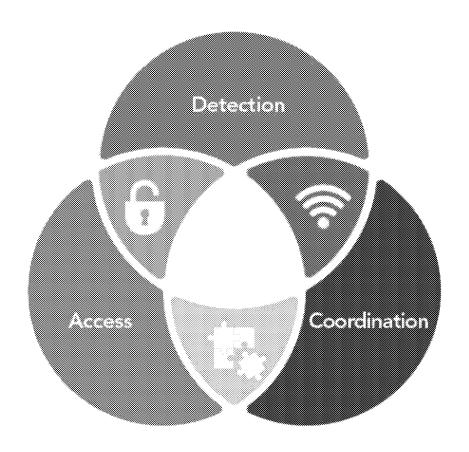
 Provides publicly available data regarding the educational outcomes and well-being of students.

Apex Programmatic Goals

Detection: Provide early detection of child and adolescent behavioral health needs

Access: Improve access to mental health services for children and youth

increased coordination
between Georgia's community
mental health providers and
local schools/school districts
in their service areas



30als



Demonstrate

program's ability to meet intended outcomes



Identify facilitators and barriers to sustainability and replication



Provide information

to support Apex stakeholders

Report Icons Key

Throughout the presentation you will see icons in the corner of each slide. These correspond to the programmatic or evaluation goal outcomes that the slide is reporting.



Detection (Programmatic)

These slides are about early detection



Assess (Programmatic): These slides report on access to care



Coordination (Programmatic)

These slides focus on coordination of care



Demonstrate (Evaluation):

These slides report on intended outcomes



Identify (Evaluation): These slides are about facilitators and barriers



Provide Info (Evaluation):

These slides provide insight to stakeholders

Apex Year 7 Measures

Data Collection Tool		Information Collected	Respondent(s)	Frequency
Monthly Progress Report (MPR)	(9)	School and service data	Apex provider	Monthly (July 2021 – June 2022)
Year-End Survey (YES)	0	School service and provider data (engagement across tiers, diagnoses, staffing)	Apex provider	Yearly (May 2022)
Mental Health Planning and Evaluation Template (MHPET)	(3)	Collaboration between Apex providers and school partners	Apex provider	Twice yearly (Sept. 2021 and May 2022)
Child and Adolescents Needs and Strengths (CANS)		Level of functioning, exposure to trauma, needs, and strengths	Apex provider	Intake; every 90 days until discharge
Parent Survey & Parent Interviews		Parent perspective on child's mental health progress, self-efficacy	Parents	Ongoing
School Partner/Provider Focus Group	Q	Facilitators and barriers to implementation of SBMH services	Apex provider/School partners (school and/or district level)	Yearly (March 2022)

Apex Year 7 Report Outline

- Apex: By the Numbers
- Access
- Coordination
- Early Detection
- Identify
- Demonstrate
- Provide Information
- Considerations for Apex Year 8



Apex: By the Numbers

Characteristics of the Georgia Apex Program

July 2021 - June 2022



Schools and Providers

- 34 behavioral health agency providers
- 278 Apex staff from behavioral health agencies
- 738 schools involved in Apex
- 704 schools reporting engaged partnerships*



*Engaged means schools submitting three or more months of reported data.

Source: MPR & YES

Students and Services

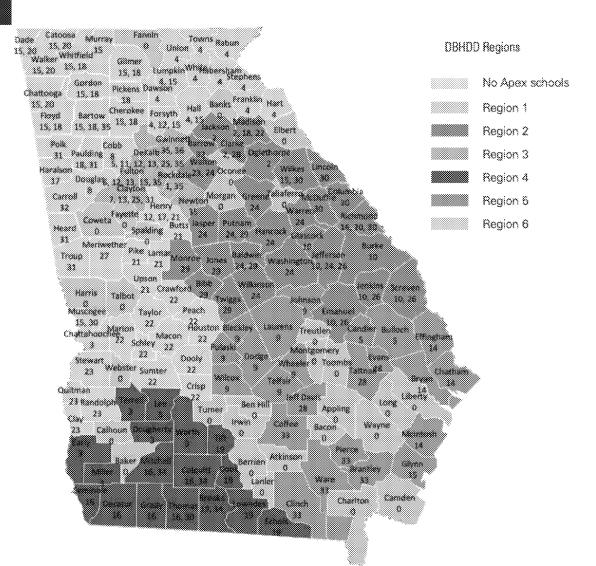
- 21,441 referrals for SBMH made
- 4,541 students receiving first time services
- 13,778 unique students served
- 172,143 tier 1 and tier 2 services provided
- 32,901 telemedicine services provided





Source: MPR & YES

DBHDD Regional Representation Across the State



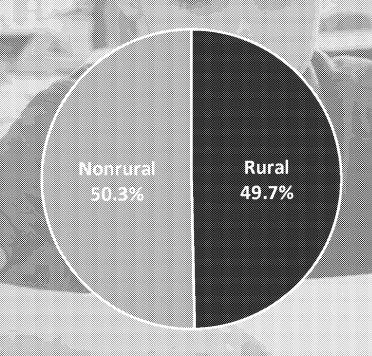
- 6 Regions
- 129 Counties
- 147 School Districts
- 738 Schools

SchoolSaitings

Majority of Apex providers are in Elementary Schools (n = 738)

49.7% of Apex schools (n = 738) are in rural Georgia





Source: MPR

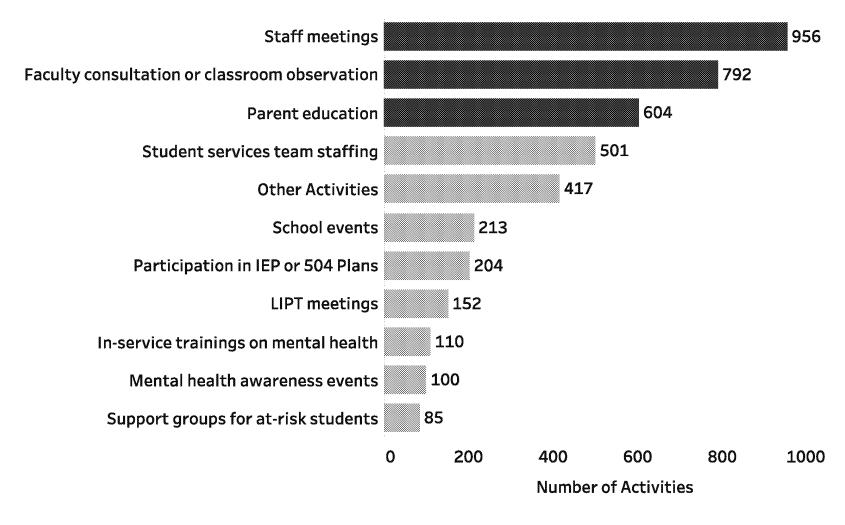
Access

Improve access to mental health services for children and youth



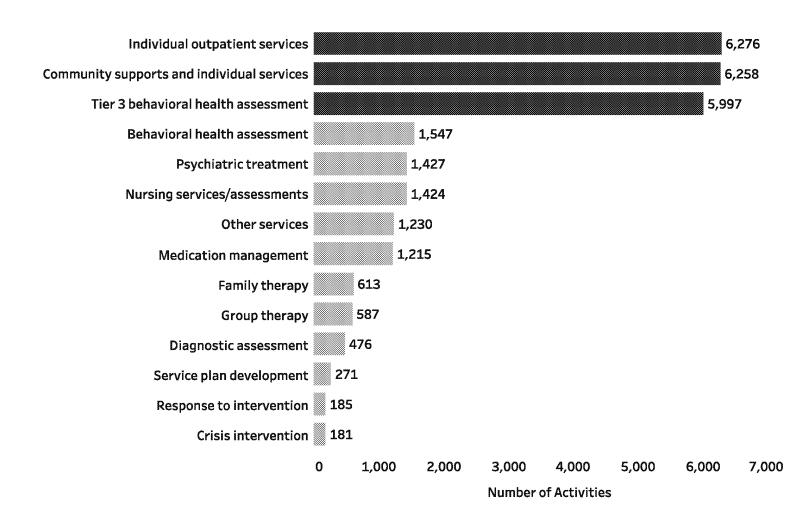


Tier 1- Universal Prevention Activities

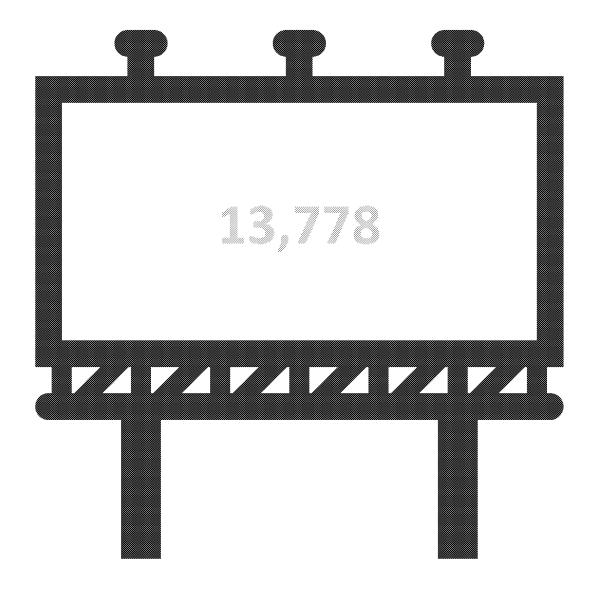




Tier 2- Early Intervention Activities







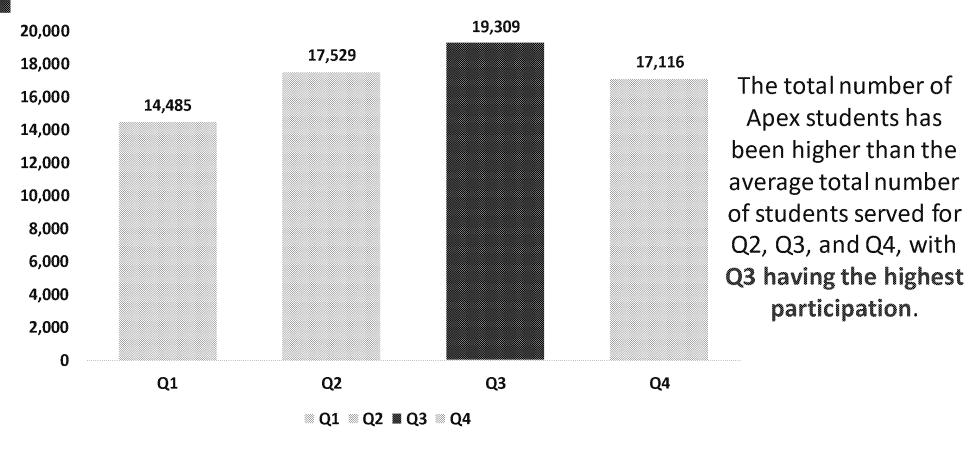


Unique Tier 3 Students Were Served in Year 7

Source: YES

18

Total Number of Apex Students by Quarter





Quarter 1 (Q1) July, August, September

Quarter 2 (Q2)

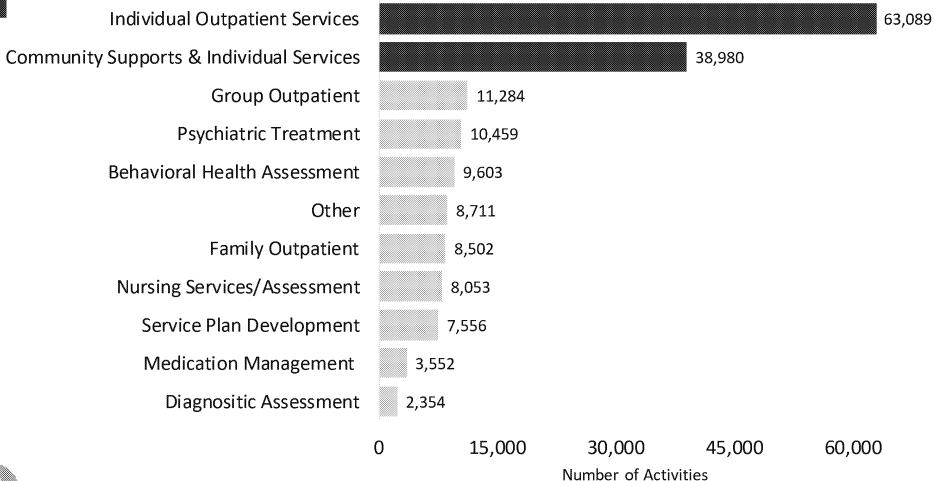
December

Quarter 3 (Q3) October, November, January, February, March

Quarter 4 (Q4) April, May, June

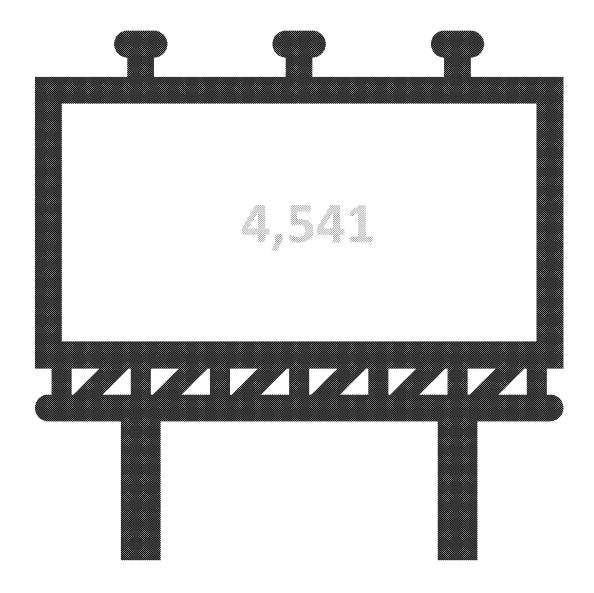
Source: MPR

Tier 3 — Intensive Intervention Activities





Source: MPR



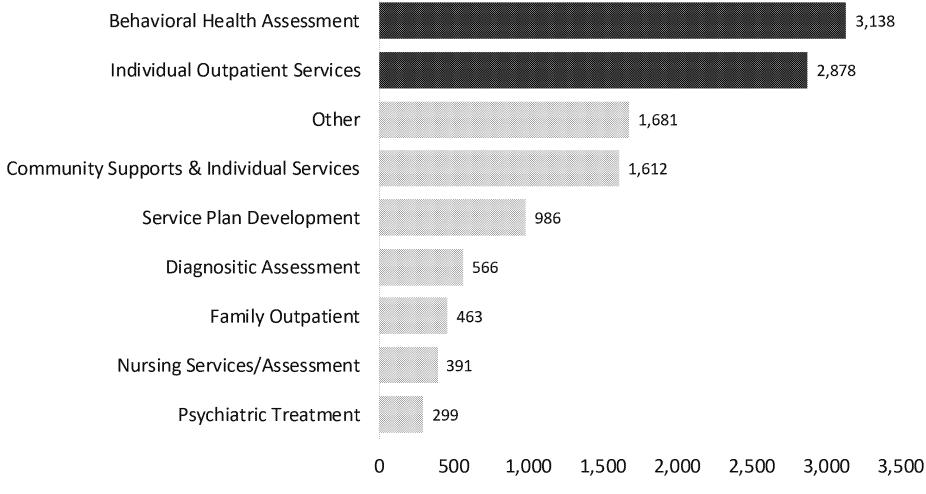
Unique First-Time Students Were Served in Year 7



Source: MPR

21

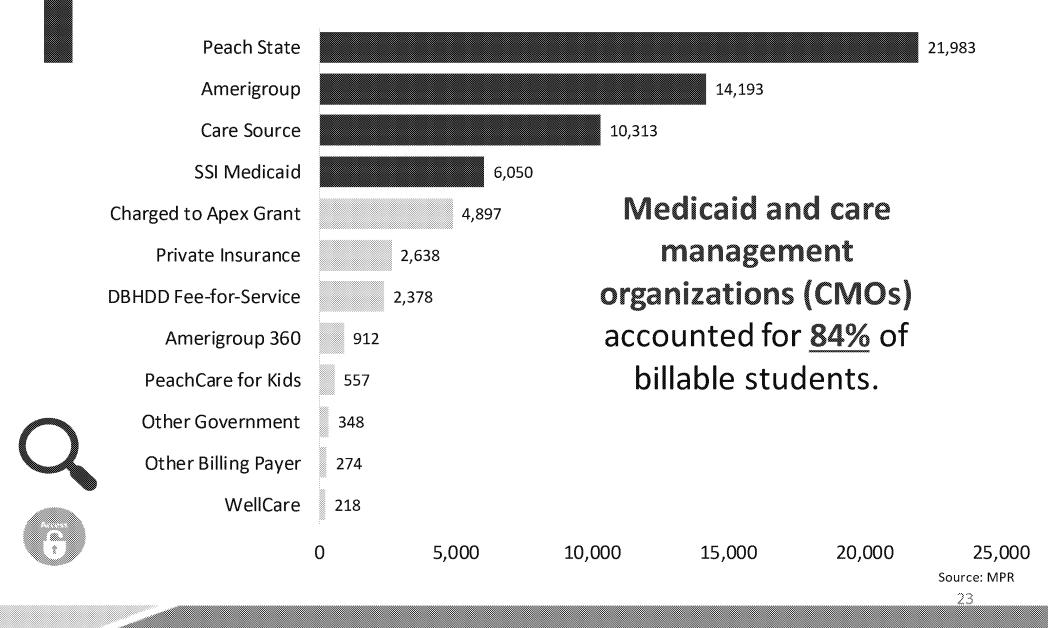
Total Number of First Time Services by Type





Source: MPR

Apex Billing by Payor Source



Barriers to Billing

Providers reported that **private insurance** was the most difficult type of payor source to bill:

69%

Reported difficulty with Private Insurance

25%

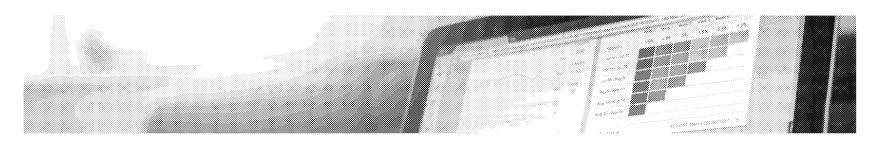
Reported difficulty with CMOs

22%

Reported difficulty with other payor sources

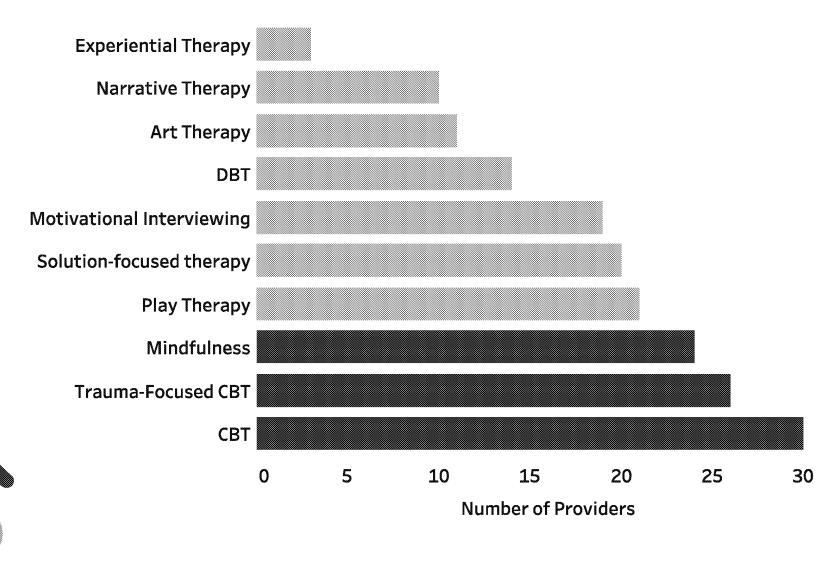






Source: YES

Evidence-based practices utilized most frequently by providers.



Source: YES

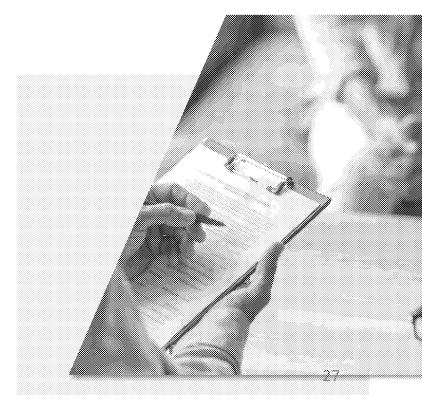




Mental Health Planning and Evaluation Template (MHPET)

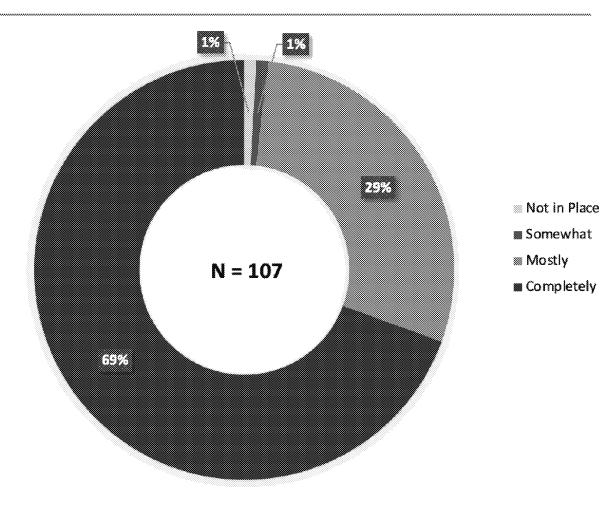
- Developed to improve the quality of mental health services delivered within school-based settings.
- Targets areas of strength and improvement in school-based mental health.
- A 34-indicator measure using a 1-6point range Likert scale that operates as a quality team assessment tool.
 - 1 = items not at all in place
 - 6 = items fully in place
- Individual Apex providers reported on the survey items





Apex Program Embeddedness

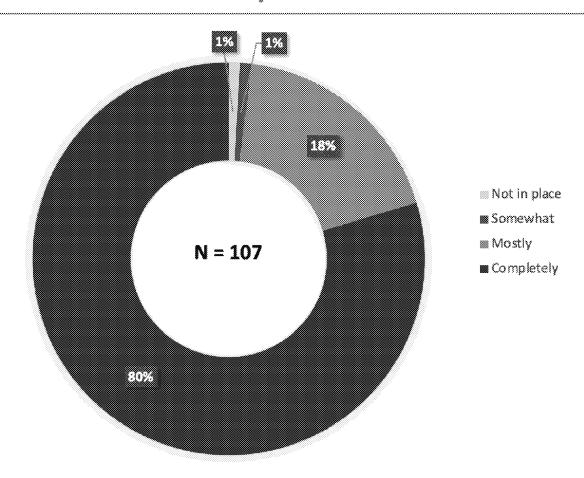
Mental Health Staff Have Space and Tools to Maintain Confidentiality





Apex Care Coordination Across Providers

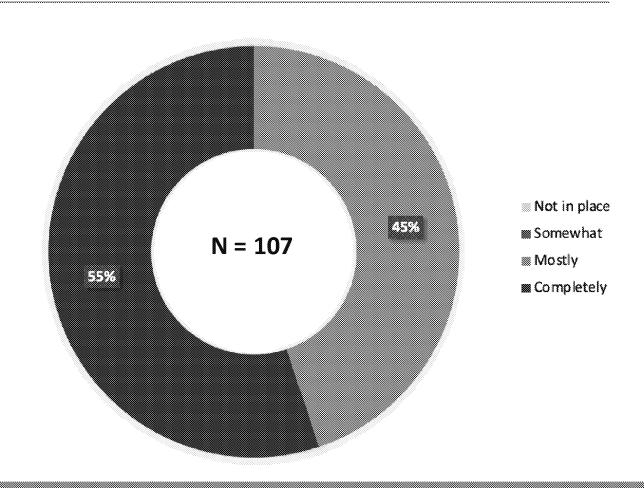
Apex Program is Developed with Youth and Family
Input





Apex Providers Support The School

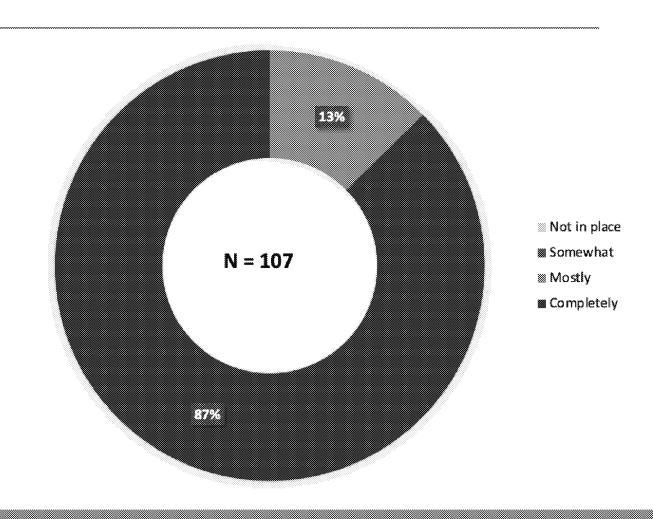
Apex Providers Participate in Training and Meetings with School Staff





Apex Program Collaboration

Apex Providers and School Partners Have a Shared Referral Protocol





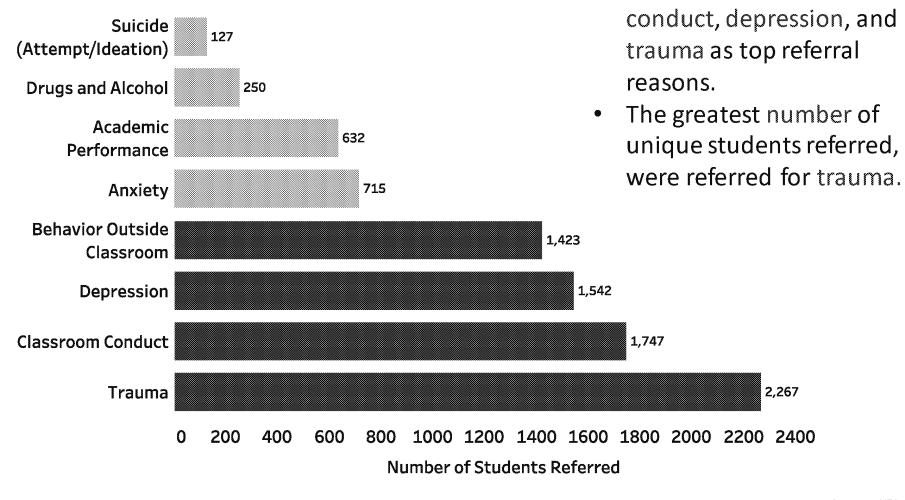
Early Detection

Provide early detection of child and adolescent behavioral health needs





Top Referral Reasons



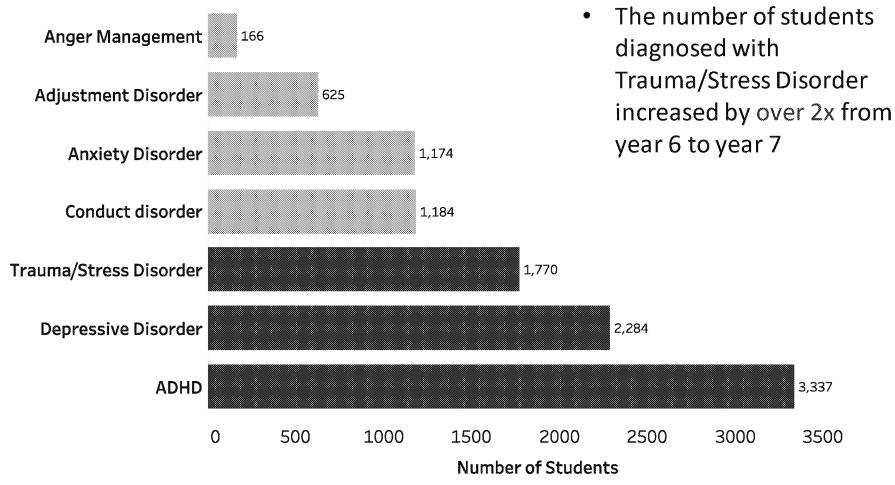


Source: YES

Providers reported

Top Three Diagnoses

(Number of unique students presenting; n = 10,540)





Source: YES

Apex-Engaged Schools by School Type

School Type (<i>n</i> = 665)	Number of Schools	Percentage of Schools	Overall Student Enrollment	Percentage Overall Student Enrollment
Elementary school	316	48%	186,368	37%
Middle school	167	25%	123,534	25%
High school	172	26%	188,032	37%
Alternative schools	10	2%	3,643	1%
Total	665	100%	501,577*	100%*





<u>501,557*</u> students had access to SMBH during the 2021-2022 academic year through tier 1, tier 2, or tier 3 services.

^{*}Enrollment data on 39 of the schools could not be obtained from the DOE database

Identify

Identify facilitators and barriers to sustainability and replication



Barriers to Staffing

Providers reported that **therapists** have the highest rate of turnover. The most common reason for leaving is salary.

65%

Of providers reported therapist turnover

43%

Of exiting staff reported report salary as the reason for leaving



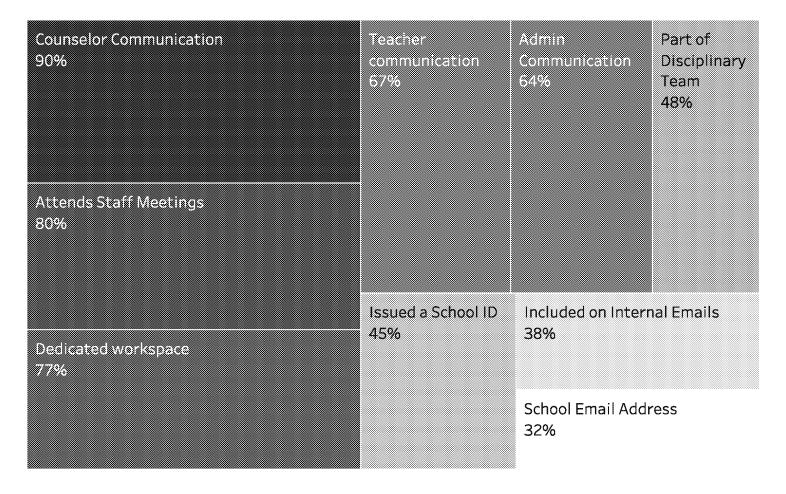


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Strong partnerships between the provider and schools and the level of therapist embeddedness in schools are critically important facilitators for successful SBMH implementation.



Embedding Behavioral Health Providers Within Apex Schools

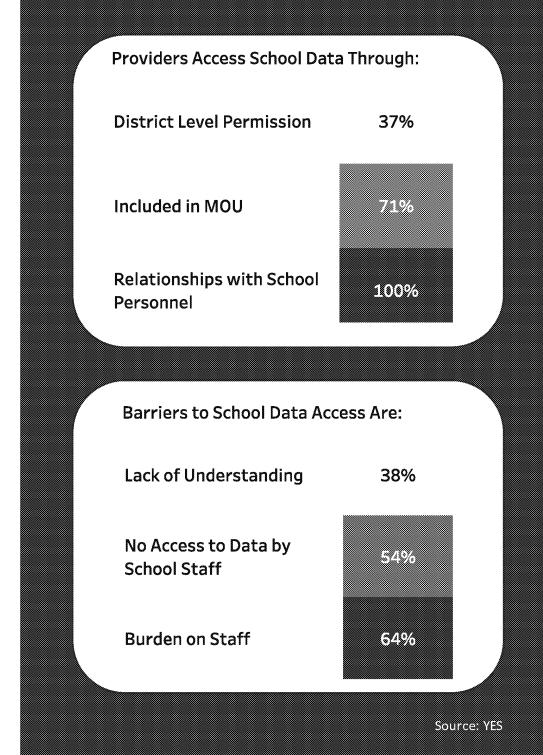


These are all indicators of the providers' integration into the school, which influences successful program implementation. All providers reported one or more indicators.

Source: YES

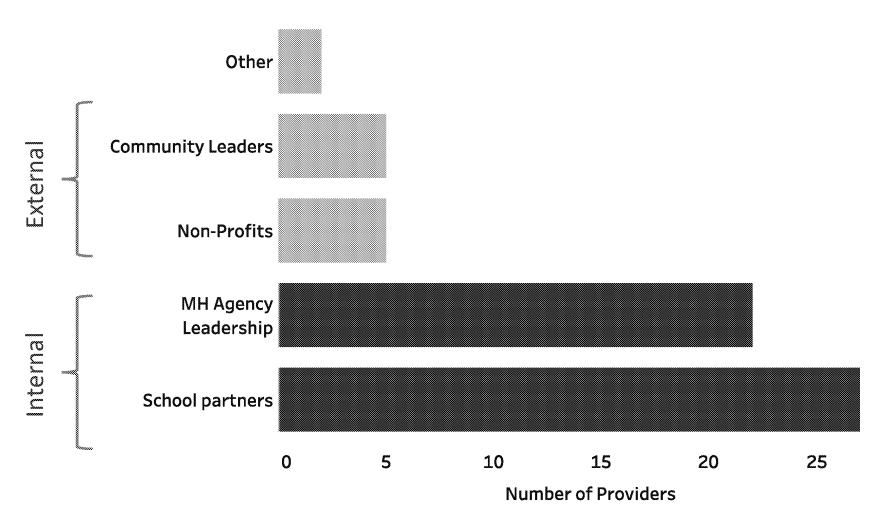
School Data Sharing

- All reporting provider agencies (n = 32) reported building relationships with school personnel to access data
- The most
 frequently reported
 barrier to collecting this
 data is the burden on
 staff to obtain data.



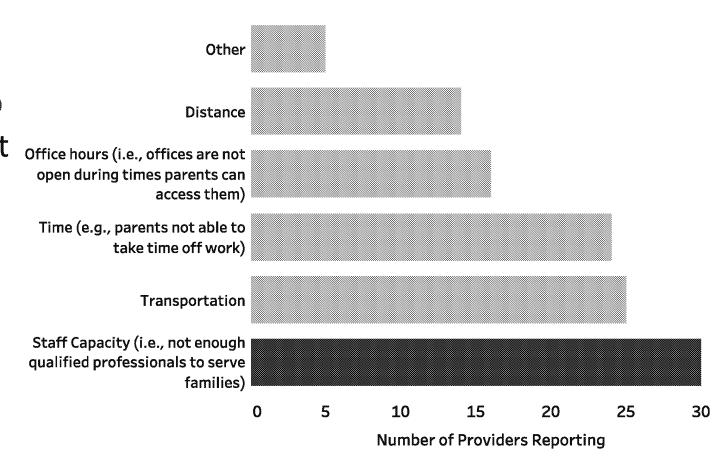


While most providers reported sharing data with internal sources, they also reported sharing with external partners



Barriers to Service Access in the Community

Apex providers reported access to qualified staff most frequently as a barrier to parents' general access to behavioral health services in the community

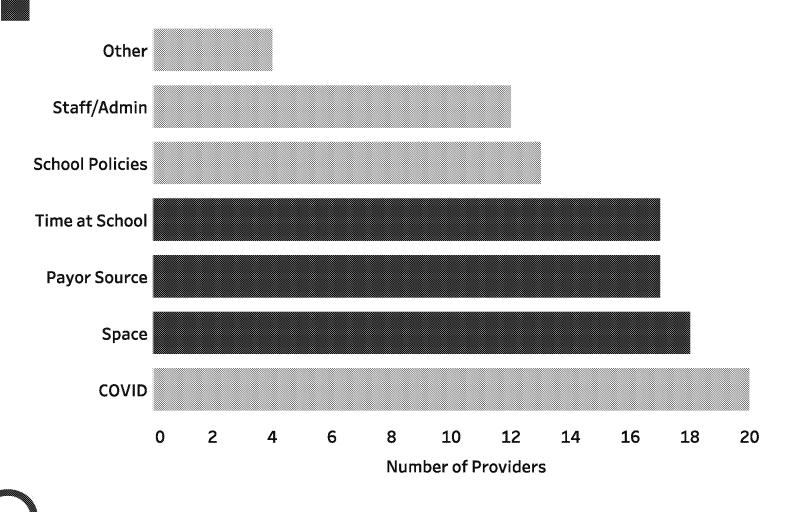




Source: YES

42

Barriers to Apex Service Provision of for Year 7



Aside from
COVID, providers
reported payor
source (billing),
time, and space
as their most
common
barriers to
providing
services

Source: YES

43



Demonstrate program's ability to meet intended outcomes





The Child and Adolescent Needs and Strengths (CANS) Measure

The CANS assesses exposure to trauma, needs, and strengths through the following nine domains:

- Life Functioning
- Child Risk Behaviors
- Acculturation
- Child Behavioral /Emotional Needs
- Traumatic StressSymptoms

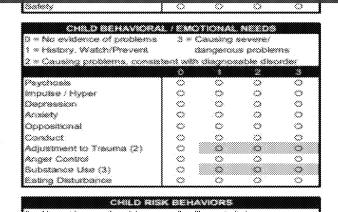
- Traumatic/Adverse
 Childhood Experiences
- Child Strengths
- Substance Use
- Caregiver(s) Needs and Strengths

Piease II appropriate use O Discharge	CI mittel	CANS	II Fleas	seconent (i	ndicate time of (eassessment)		Date:		
Child's Name		***************************************	SN	DOB	OM OF	1	Race/E	thoicity	······································
· Assessor (Print Name):				***************************************	OASIS/DJJ/DOE *				•
Current Placement:	Home	□ Gro	up Home	PRTF	☐ Family/Relation Home	O Othe	er (indic	ate plac	coment;
Planned Permanent Car	egiver:								
1 × History, Mild	3 × Seven				O Not applicable - No Caregiver Identified				
		***************************************	2		0 = No evidence of problem	*		derate M	
Family Living Situation				្ព	1 × Minhmal Pleasids		3 * 8 6	reire Nee	da.
See	Ĭ		3 O.	ŏ I	Supervision				
Social Functioning	ő		Š	ŏI	nyolvernent with Care	1 ~	0	Ö	Ö
Sexual Development			o		Knowledge		100	<u>ه</u>	0
Recreational		8	0 0	o I	Organization		0	۵	0
Developments (1)			2		Scient Previousees				

72% of reassessed* students showed improvement.

Farnty		○	0	0
Interpersonal		0	◇.	\circ
Optimism		O	\circ	\circ
Educational	Ø:	(3)	\Diamond	0
Vocational		0	\circ	
Takents / interests	0	φ ⁱ	8	\circ
Spiritual / Religious	.0	⇔.		0
Community Life	0	\$		0
Relationship Permanence		೧	0	0
Child Involvement		⇔	\circ	0
Natural Supports		○	0	0

O × No evidence of problems 1 × Minimal Needs	ķ	2 × Modernie Needs 3 × Severe Needs			
	e e	1	ž	3	
School Behavior	٥	ಎ		೧	
School Achievement		ಐ	\circ	\circ	
School Attendance		ಏ	©	ಣ	





*Therapists are asked to give each student a CANS on entry to the program. They are then asked to reassess them every 6 months

46

Higher Level of Care

- Average of one student per school required a higher level of care (e.g., short-term crisis stabilization, inpatient hospitalization or extended residential treatment) between July 2021 and June 2022.
- Of the 68,439 unique students served in Year 7:
 - 1,101 students were placed in a higher level of care; and
 - 607 students stepped down from a higher level of care.
 - Of those students that stepped down, 155 (26%) students returned to a higher level of care during the same school year (2021 -2022).



Source: MPR

Georgia Student Health Survey (GSHS)

- The Georgia Student Wellness Survey (GSHS) was developed and administered in April 2022 by GaDOE.
- Participation was voluntary, self-report and not all students completed the survey.
- Elementary school students completed a different version of the GSHS than middle and high school students.
- Survey questions addressed non-academic barriers to learning.
- The current sample contains 30,831 elementary school students and 119,495 middle/high school students from Apex schools.



Georgia Student Health Survey (GSHS): **Elementary School**

88%

Of students always feel their school wants them to succeed.

79%

Of students always feel there is an adult at school who will help them.



Of students get along well with other students

52-69%

Of students have never

experienced bullying, such as being hit, left out, threatened, or having rumors spread. 58%

Of students always feel safe at school.



Source: GSHS

Georgia Student Health Survey (GSHS): Middle and High School

82%

Of students have never been bullied or threatened by other students

76%

Of students know an adult at school they can talk with if they need help



59 - 64%

Of students reported often feeling stressed due to academic performance or the demands of schoolwork

33%

Of students reported feeling stressed due to family reasons

52%

Of students reported feeling depressed, sad, or withdrawn in the past month



Source: GSHS

Georgia Student Health Survey (GSHS): Middle and High School

Students reported that **family reasons** were the primary reason for:

17%

Seriously considering intentionally harming themselves

10%

Intentionally harming themselves

11%

Seriously considering attempting suicide

5%

Having a suicide attempt





Changing Student Needs

For students in Apex, providers anecdotally reported that racism was a meaningful factor that contributed to youth's decline in mental health.

Providers discussed seeing a change in student needs and the types of referrals they were receiving such as:

- Need for trauma and grief counseling
- Suicidal ideation
- Domestic violence
- Social disconnectedness

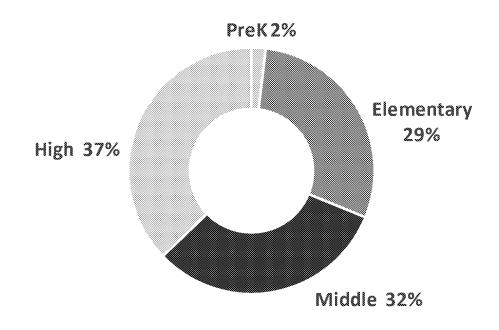
Trauma and grief was the factor that had the most change, with diagnosis of these disorders increasing from year 6 to year 7 by <u>over 2x</u>.



Parent Survey

- Questions on the Parent Survey address child's functioning since joining Apex, satisfaction with the services the child has received, the child's ability to handle daily life, and improvement in work and school.
- A total of 229 parents completed the survey.
 - 17 responses listed unknown school names to determine school type. They are not included in the breakdown.
 - 3 responses listed schools that encompassed multiple school types* (i.e. both high and middle school).

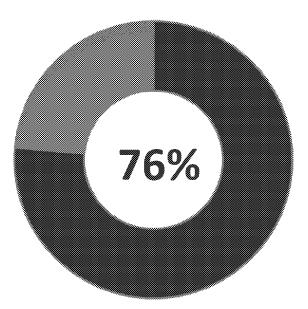
Surveys by School Type



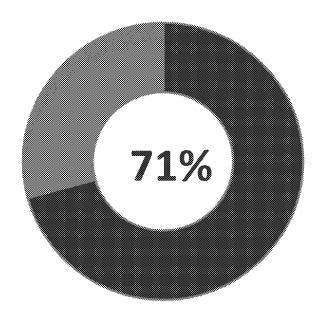


^{*}If the reported school encompassed multiple school types, the response was counted for each school type the school encompassed

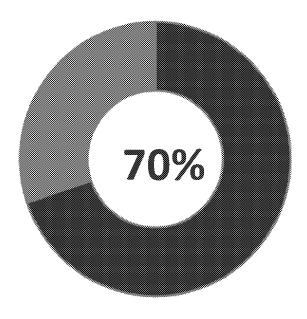
Parent Survey: Child's Mental Health Progress



of parents reported that their child is better at handling daily life.



of parents reported that their child gets along better with friends and other people.

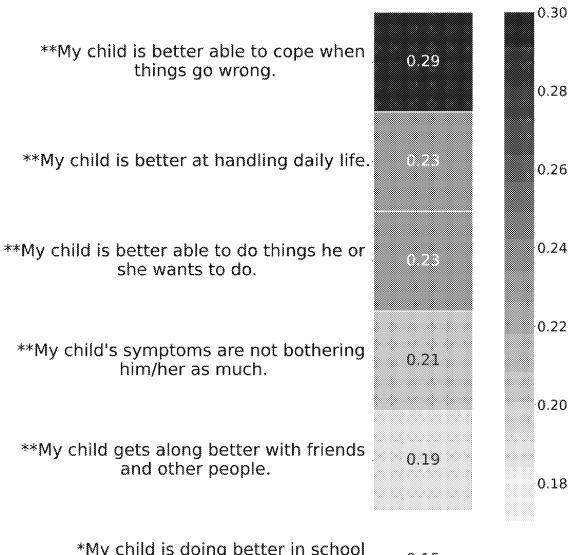


of parents reported that their child is better able to cope when things go wrong.

Source: Parent Survey

Parent Survey: Child's Mental Health Progress recoefficient 0.38

The number of days the child was in Apex services was positively correlated with reported positive mental health progress in the child.



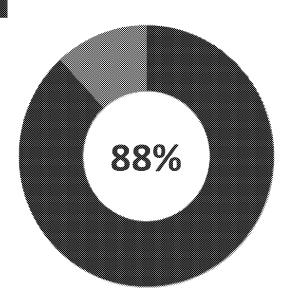


*My child is doing better in school and/or work.

0.15

0.16

Parent Survey: Parent Self-Efficacy



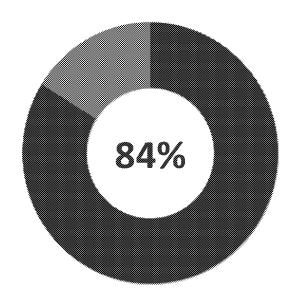
of parents reported

improvement in

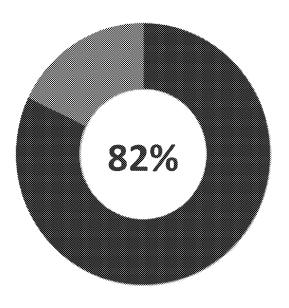
their ability to advocate

for the needs of their

child.



of parents know how to access resources for their child.



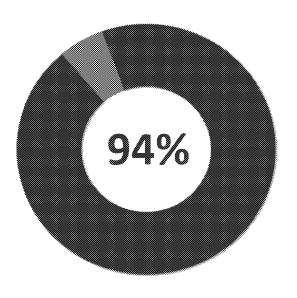
of parents reported being more equipped to respond to their child's symptoms.



Source: Parent Survey

56

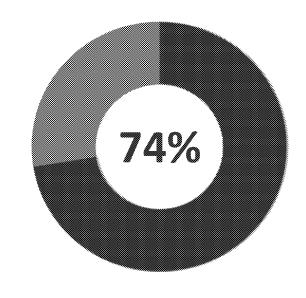
Parent Survey: Parent Satisfaction and Work Life



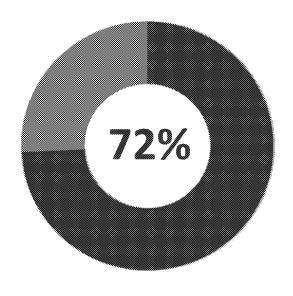
of parents are satisfied

overall with the services

their child has received.



of parents reported being able to spend more time at work since their child could receive behavioral health services while at school.



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of parents reported being satisfied with their family **life** right now.



Source: Parent Survey

Parent Survey: Parent Self-Efficacy & Satisfaction

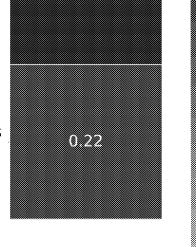
The number of days the child was in Apex services was positively correlated with improvements to parents' self-efficacy and parent satisfaction with family life

**I am satisfied with our family life right now.

**I am more equipped to respond to my child's symptoms.

*I have improved in my ability to advocate for the needs of my child.

*I know how to access appropriate resources for my child.



0.15

0.15

0.24



* = p < 0.05, ** = p < 0.01

r coefficient

0.22

0.20

0.18

0.16

Provide Information

Provide information to support Apex stakeholders





School Partner Focus Groups

- In March 2022, the COE conducted 2 focus groups with Apex school partners.
- The purpose of the groups was to learn more about the impact of the program, successes, and continued challenges.
- Respondents provided the following information, which highlights programmatic success, and may be utilized to address programmatic challenges



School Partner Focus Groups

Three main themes emerged: Impact, Barriers, and Sustainability. Under these themes, these were the major topics:

lmpact	Barriers	Sustainability
 Care Coordination Parent Engagement & Support Relationship Building School Programs & Goals Staff Support & Development Student Support & Outcomes 	 Communication Financial Costs Parent Engagement & Consent Privacy Concerns Rural Staffing & Available Services Stigma Technology Transportation Virtual 	 Awareness & Education Collaboration Funding & Resources Parent Outreach Preventive Services Virtual



Focus Group Feedback

lmpact

Student Support & Outcomes

The Apex program has impacted student outcomes, such as academic performance, disciplinary issues, attendance, and student wellness, and serves as a source of support to students.

"I've had a few students that's been in a spelling bee, although they've got something they got going on at home. With them talking it out, they're able to adjust to school, get their grades up, have somebody to talk to, less percentage of discipline issues and more of their attendance aettina better, so less attendance problems." - School Partner

Relationship Building

The Apex providers became integral parts of the community by building relationships with students, staff, and family, and provide support beyond just their role as therapists.

"We love our provider. Our provider is invested in our community and does a lot more than just Apex with our community. They're great, and so we absolutely do not want to lose them in any kind of wav" - School Partner

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Sustainability

Staff Support & Development

The Apex program provides support, training, and resources to school staff to promote staff wellness and expand their capabilities in working with students and in conflict resolution.

"... when I see the therapist going into the classroom, giving the teacher some strategies on how to handle a certain kid. So anger management ideas, how to do some deescalating things... And then it gives us the reinforcement that we need when she's not in the building on what to do when she's not here, and to mimic the same thing, and the student responds to it." - School Partner



Barriers

Sustainability

Communication

Issues with communication amongst the moving parts of the Apex program cause challenges to implementation. There can be differences between the backgrounds and protocols of the multiple entities involved in Apex, and there is a need for shared, structured guidance. The GHPC team is drafting a manual for Apex providers in response to this feedback.

<u>Stigma</u>

Stigma surrounding mental health and receiving mental health services still poses as a significant barrier to providing Apex services.

"... a lot of the families don't want to be labeled, so the parents are saying, "My child's not mental, not going to be on medication"" - School Partner

Barriers

Sustainability

Staffing & Available Services

Due to high turnover and low retention in providers, staffing is a challenge. There are also not enough providers to meet the demand as well as a lack of specialized services, such as bilingual providers or substance abuse treatment.

"Our parents are desperately asking for more. So, they see the value in it.

They know we need it. They know it exists. They just know that we can't

accommodate all of the requests." - School Partner



Barriers

Sustainability

Funding & Resources

Funding and resources continue to be a crucial issue to sustainability. Provision of preventive services, such as Tier 1 and 2 services, depend on Apex funding, and without continued, possibly expanded, funding, these services may not be available. Additionally, the primary contributor to high turnover in Apex providers is salary. Funding for competitive compensation for providers would improve the sustainability of the program.

"... if there's any way to make it [providers' salary] competitive so we don't have high turnover of therapists or whatnot, that could be great." - School Partner

"I think most of their resources are pulled into that Tier 3 category. And I know that it's built on a Tier 1, Tier 2 also category setup, but we're not seeing a whole lot of opportunity for service provision in Tier 1 and 2, particularly Tier 1."

- School Partner

Barriers

Susiainability

Coordination

The Apex program is built on partnerships and depends on effective coordination amongst its partners. A key piece to the sustainability of Apex is coordinated efforts between agencies, schools, parents, and other stakeholders.

"... there is a collaboration between two agencies and all one goal, and that goal is to make sure that, that student is academically and social emotionally healthy."

- School Partner



Provider Focus Groups

- In June 2022, the COE conducted 2 focus groups with Apex school partners.
- The purpose of the groups was to learn more about the impact of the program, successes, and continued challenges.
- Respondents provided the following information, which highlights programmatic success, and may be utilized to address programmatic challenges.



Provider Focus Groups

Three main themes emerged: Impact, Challenges, and Successes. Under these themes, these were the major topics:

lmpaci	Challenges	Successes
 Care Coordination Identification of needs Parent Engagement & Support Student Support & Outcomes School Climate 	 Funding for services Staffing productivity requirements Staff morale and retention Stigma Virtual 	 Collaboration Funding & Resources Caregiver engagement Virtual services School Climate Stakeholder buy-in



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Impact

Identification Of Needs

Providers talked about how the presence of Apex in schools supports the school community in identifying where mental health needs are for the school as a whole and for individual students.

"The school that I started at this year has experienced one suicide per year over the last three years, and that's a middle school. And just the ability to identify the students that were high risk that I don't think maybe would have been identified".

Student Support And Outcomes

Apex is making a difference in the lives of students. They are more open to receive services, they refer their friends to seek services, and feel more prepared to deal with the challenges they face.

"Their confidence levels have increased to the point they don't view having ADHD, anxiety, or depression as a mental health issue. They are confident in their ability to handle themselves. I've had some of my kids tell me, "Well, you know what, last week, this happened to me, and this is the coping strategy that I used".

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Impact

Collaboration and Buy-In

Apex relies on collaboration and buy-in from school partners for the program to be successful and to provide services to students that impact their wellbeing. This collaboration is necessary from the inception of the program, which supports overall program functionality, such as referrals and delivering services.

"Most of my referrals are through the principal, the counselor who works with them all the time, and also through teachers, and sometimes siblings".

Range Of Services And Supports

Apex funding supports the range of SBMH services available to schools and students. Apex supplements funding in addition to insurance billable services and is invaluable to providing tier 1 and tier 2 supports.

"And for the Apex kid, those are two of the most important services that Apex gives, CSI services and group services."

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Impact

Challenges



Workforce Challenges

Apex is dependent on the clinicians and mental health staff that execute Apex programming. Demands to caseload, productivity requirements, and documentation and billing requirements, in tandem with salary, contributes to high turnover in Apex staff.

"I keep losing counselors to the school system. I probably lost about three or four different counselors over the past six months that took school counselors job that paid \$10,000 to \$15,000 a year more."

"The turnover greatly affects our productivity because it takes time to train somebody, get them up to speed, get them a caseload going, and it's really hard sometimes to get them billing like they should be the first couple of months."



Focus Group Feedback



impact

Challenges

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Collaboration

The Apex program is built on partnerships and depends on effective collaboration and communication amongst its school partners and community partners. This collaborative framework of the Apex program is an essential component to its sustainability.

"We discovered that none of our school systems were providing summer meals for the community this year... we partnered with the local YMCA... to provide those meals and provide some skill training after the meal."

Caregiver Engagement And Involvement

Apex program success and impact is driven by multiple components. Caregiver engagement and involvement is invaluable to success and impact. Before Apex services can be delivered, caregivers must buy-in to the value of Apex services.

"They come into the assessment and they're of course hesitant about the whole experience, and then by the end of it, they're asking when our walk-in hours are for the clinic".

Apex Year 7 Recap

- Apex provided 68,439 services in year 7.
- Majority of Apex students showed improvement over treatment.
- Providers reported Apex improving access to care.
- **Staffing** is one of the biggest challenges facing Apex.

Considerations for Apex Year 8

- Piloting data collection to measure youth outcomes would be valuable to Apex.
- Reworking the data that is collected on individual therapists and staff to increase staff retention would strengthen Apex.
- Increasing visibility of Apex in the community would help increase support for Apex.
- Collecting data to target specific changes in students' needs will increase the ability to address those needs.

Thankyou

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